

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/009109

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.

1	1					
2		1				
3		1				
4		1				
5		2				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		0				
15		0				
16	1	1				
17		1				
18		1				
19		3				
20		0				
21	1	1				
22		1				
23		2				
24		2				
25		0				
26		0				
27		0				
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29	1	0				
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50						
TOTAL	4	↓		↓		↓
TOTAL	21	↓		↓		↓
TOTAL	26	↓		↓		↓
TOTAL	26					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL		↓		↓		↓
TOTAL		↓		↓		↓
TOTAL						
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